24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
House Majority PAC	C C00495028
Check if 24-hour report 48-hour report New report Amends report filed	I on Mam / Dad / Yayayay
Full Name of Payee Beacon Media	Date of Public Distribution/Dissemination
	09 / 20 / 2016
Mailing Address 1634 I St NW	Amount
Ste 1250	
City State Zip Code	15000.00
Washington DC 20006-4096	Transaction ID: VN7GDA3QFE7 Date of Disbursement or Obligation
Purpose of Expenditure Media Production Costs - Estimate Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	e Sought: House District: 03
Gail Schwartz Oppose	President Senate State: CO
Calcindal Ioal Io Bato	ursement For: Primary X General
Per Election for Office Sought 378820.00 2016	Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
SKDKnickerbocker LLC	09 20 2016
Mailing Address 1150 18th St NW	
Ste 800	Amount
City State Zip Code	13662.35
Washington DC 20036-3845	Transaction ID: VN7GDA3N932 Date of Disbursement or Obligation
Purpose of Expenditure Media Production Costs - Estimate Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate X Support Offic	e Sought: K House District: 07
Stephanie Murphy Oppose	President Senate State: FL
Calendar Year-To-Date Disb	ursement For: Primary X General
Per Election for Office Sought 430801.07 2016	
(a) SUBTOTAL of Itemized Independent Expenditures	28662.35
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mwith, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
	09 22 2016
Signature	